

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment
☐ Yes ☒ No

1. Committee Information			
a. Full Name Committee To Re-Elect Shirley Howe		c. ID Number FJM9QY	
b. Mailing Address (include City, State and Zip Code) 6205 Clearwater Drive Indian Trail, NC 28079		d. Date Filed 1/20/2020	
		e. Phone Number (252) 723-1525	
2. Report Year 2019	3. Period Start Date (mm/dd/yy) 7/16/2019	4. Period End Date (mm/dd/yy) 12/31/2019	5. Treasurer Full Name Randall Haron Gay
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report 0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name BB&T Bank		a. Financial Institution Full Name	
b. Purpose Committee To Re-Elect Shirley Howe	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
Randall Haron Gay Printed Name of Signer		[Signature] Signature of Appointed Treasurer	
		1/20/2020 Date	
FOR OFFICE USE ONLY			
Date Received:	01/21/20	Employee:	[Signature]
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

UNION COUNTY
CAMPAIGN FINANCE

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

JAN 21 2020
RECEIVED

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee To Re-Elect Shirley Howe		Year- End/Final		FJM9QY	
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 150.00		\$ 150.00	
6) Contributions from Individuals (CRO-1210)		\$ 1347.25		\$ 1347.25	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1497.25		\$ 1497.25	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0		\$ 0	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 550.00		\$ 550.00	
17) In-Kind Contributions (CRO-1510)		\$ 947.25		\$ 947.25	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1497.25		\$ 1497.25	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

Optional form used to report NC Contributions From Individuals of \$50 or less

UNION COUNTY
CAMPAIGN FINANCE

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Committee To Re-Elect Shirley Howe						JAN 21 2020		2. ID Number FJM9QY	
3. Contributor Information									
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount			
<input type="checkbox"/>	Add	01	Cash		7/19/2019	\$ 50.00			
<input type="checkbox"/>	Remove								
<input type="checkbox"/>	Add	01	Cash		10/12/2019	\$ 50.00			
<input type="checkbox"/>	Remove								
<input type="checkbox"/>	Add	01	Cash		10/12/2019	\$ 50.00			
<input type="checkbox"/>	Remove								
<input type="checkbox"/>	Add					\$			
<input type="checkbox"/>	Remove								
<input type="checkbox"/>	Add					\$			
<input type="checkbox"/>	Remove								
<input type="checkbox"/>	Add					\$			
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<input type="checkbox"/>	Add					\$			
<input type="checkbox"/>	Remove								
<input type="checkbox"/>	Add					\$			
<input type="checkbox"/>	Remove								
4. Total only this Page						\$	150.00		
5. Total of ALL CRO-1205 Pages						\$	150.00		
(This line must be on line 5 of Detailed Summary Page CRO-1100)									

Contributions from Individuals

Pg. **UNION COUNTY**
CAMPAIGN FINANCE 2

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

JAN 21 2020

RECEIVED

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Re-Elect Shirley Howe					FJM9QY	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shirley Stanzaki Howe 6205 Clearwater Drive Indian Trail, NC 28079			Retired			
			c. Employer's Name/Specific Field			
			n/a			
					e. Election Sum to Date	
					\$ 1147.25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		Cash	Filing Fee	7/16/2019		\$ 5.00
<input type="checkbox"/>	01	Check	n/a	7/19/2019		\$ 200.00
<input type="checkbox"/>		CreditCard	Signs	9/30/2019		\$ 399.50
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Shirley Stanzaki Howe 6205 Clearwater Drive Indian Trail, NC 28079			Retired			
			c. Employer's Name/Specific Field			
			n/a			
					e. Election Sum to Date	
					\$ 1147.25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		CreditCard	Brochures	10/10/2019		\$ 389.64
<input type="checkbox"/>		CreditCard	Flyers	10/21/2019		\$ 98.00
<input type="checkbox"/>		CreditCard	Facebook Ads	10/03/2019		\$ 55.11
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Fisk Outwater 1319 Greylyn Drive Charlotte, NC 28226 Phone: (704) 365-2745			Retired			
			c. Employer's Name/Specific Field			
			n/a			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	01	Check	n/a	10/3/2019		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1247.25	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1347.25	

Contributions from Individuals

UNION COUNTY
CAMPAIGN FINANCE
Pg. 2 of 2

Amendment
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Re-Elect Shirley Howe					FJM9QY	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ashley D. Blankenship 2713 Carriage Crossing Drive Matthews, NC 28105 Phone: (980) 230-9216			QA Manager			
			c. Employer's Name/Specific Field			
			EMD Performance Materials NAICS 424690		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check	n/a	10/12/2019	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1347.25	

Refunds/Reimbursements From the Committee

Pg **UNION COUNTY** of **1**
CAMPAIGN FINANCE

Amendment
☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee To Re-Elect Shirley Howe			FJM9QY	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
David Cohn 1019 Filly Drive Indian Trail, NC 28079 Phone: (704) 641-6944		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/23/2019
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 334.75
		f. Purpose Code		j. Election Sum to Date
		P		\$ 334.75
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Regional Sales Mgr.		Travis Meats NAICS 311611		01
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Fair share of Print Advertisement		12/11/2019	\$ 334.75
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Marcus McIntyre 4009 Sedgewick Road Indian Trail, NC 28079 Phone: (704) 497-2128		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/22/2019
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 31.25
		f. Purpose Code		j. Election Sum to Date
		P		\$ 31.25
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Financial Analyst		Duke Energy/ NAICS 221118		01
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Fair share of meeting room rental		12/10/2019	\$ 31.25
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Shirley Stanzaki Howe 6205 Clearwater Drive Indian Trail, NC 28079		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		7/19/2019
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 200.00
		f. Purpose Code		j. Election Sum to Date
		L		\$ 1147.25
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code
Retired		n/a		01
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check			12/18/2019	\$ 184.00
4. Total only this Page				\$ 550.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 550.00
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

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Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

UNION COUNTY
CAMPAIGN FINANCE

JAN 21 2020

RECEIVED

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee To Re-Elect Shirley Howe		FJM9QY	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Shirley Howe 6205 Clearwater Drive Indian Trail, NC 28079 Phone: (704) 882-2856		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 1147.25	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee		7/16/2019	\$ 5.00
Signs		9/30/2019	\$ 399.50
Brochures		10/10/2019	\$ 389.64
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Shirley Howe 6205 Clearwater Drive Indian Trail, NC 28079 Phone: (704) 882-2856		<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$ 1147.25	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Flyers		10/21/2019	\$ 98.00
Facebook Ads		10/21/2019	\$ 55.11
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 947.25
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 947.25